

Arizona CTE Skill Standards Assessment System

**Industry Validation Panel Nominations:**

**Please nominate business and industry representatives that meet the incumbent work criteria identified to serve on Validation Panel.**

**Occupational Program/Option:** [\(use CTE Program List\)](#) \_\_\_\_\_

**Nominee Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Person who is providing the nomination:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_